

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA
Civil Action No. 1:17-cv-00854-TDS-LPA

REBECCA KOVALICH and SUZANNE)
NAGELSKI,)

Plaintiffs,)

v.)

PREFERRED PAIN MANAGEMENT &)
SPINE CARE, P.A., DR. DAVID SPIVEY,)
individually, and SHERRY SPIVEY,)
individually.)

Defendants.)

Exhibit 22

EEOC Form 5 (11/09)

<p style="text-align: center;">CHARGE OF DISCRIMINATION</p> <p style="font-size: small;">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 435-2016-00647 </div> </div>
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and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.) [REDACTED]	Home Phone (Incl. Area Code) [REDACTED]	Date of Birth [REDACTED] 1970
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Street Address [REDACTED]	City, State and ZIP Code
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Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name PREFERRED PAIN MANAGEMENT	No. Employees, Members 15 - 100	Phone No. (Include Area Code) (336) 354-4420
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Street Address 1511 Westover Terrace, Greensboro, NC 27408	City, State and ZIP Code
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Name	No. Employees, Members	Phone No. (Include Area Code)
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Street Address	City, State and ZIP Code
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<p>DISCRIMINATION BASED ON (Check appropriate box(es).)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>	<p>DATE(S) DISCRIMINATION TOOK PLACE</p> <table style="width: 100%;"> <tr> <td style="text-align: center; font-size: small;">Earliest</td> <td style="text-align: center; font-size: small;">Latest</td> </tr> <tr> <td style="text-align: center;">06-15-2016</td> <td style="text-align: center;">06-15-2016</td> </tr> </table> <p><input type="checkbox"/> CONTINUING ACTION</p>	Earliest	Latest	06-15-2016	06-15-2016
Earliest	Latest				
06-15-2016	06-15-2016				

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

On or around April 6, 2015 I was hired as a temp Front Desk Administrator. On or around August 10, 2015, I was hired as a permanent Front Desk Administrator. On or around June 10, 2016 the Human Resources Manager (approximately 45) informed me I was doing a good job. On or around June 15, 2016, the HR Manager and the Clinical Coordinator (47) discharged me without notice or any prior discipline stating I had received patient complaints. I requested evidence of these complaints, but none was provided.

The majority of employees discharged in the past six months were within my protected category and have been replaced by younger employees.

I believe I have been discriminated against and discharged based on my age (46) in violation of the Age Discrimination Employment Act of 1967, as amended.

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p> <p>I declare under penalty of perjury that the above is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>Jun 30, 2016</p> <p style="font-size: small;">Date</p> </div> <div style="width: 80%; height: 60px; background-color: black;"></div> </div>	<p>NOTARY -- When necessary for State and Local Agency Requirements</p> <hr/> <p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <div style="text-align: center;"> <p style="font-size: small;">SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE</p> <p style="font-size: x-small;">(month, day, year)</p> </div>
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